

City of Burlington Building Inspection Dept. 300 N. Pine St. Burlington, WI 53105 (262) 342-1163		BUILDING & MECHANICAL PERMIT APPLICATION		PERMIT NO. _____ TAX KEY# _____																						
Project Location				Residential <input type="checkbox"/> Institutional <input type="checkbox"/>																						
Project Description				Commercial <input type="checkbox"/> Municipal <input type="checkbox"/>																						
				Manufacturing <input type="checkbox"/> Other <input type="checkbox"/>																						
Owner's Name _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
General Contractor _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
Construction Contractor _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
Plumbing Contractor (Lic No.) _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
Electrical Contractor (Lic No.) _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
HVAC Contractor _____		Mailing Address-Include City & Zip _____		Telephone-Include Area Code _____																						
PROJECT INFORMATION			_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R, _____ E(or)W																							
			Subdivision Name _____		Lot No. _____ Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks _____	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft. Right _____ Ft.																					
1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Other _____		6. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																						
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached		4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured		9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____																						
2. AREA Unfinished _____ Sq. Ft. Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____																						
		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____																						
				11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																						
12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat. Gas</td> <td style="width:10%;">L.P.</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec.</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equip. Infiltration control option is: <input type="checkbox"/> Full sealing of joints. <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air filtration barrier.																										
13. HEAT LOSS (Calculated) Envelope _____ BTU/HR Infiltration _____ BTU/HR																										
14. ESTIMATED COST \$ _____																										
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 342-1163. Give at least 24 hours notice on all inspections.																										
SIGNATURE OF APPLICANT _____				DATE _____																						
APPROVAL CONDITIONS		This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.																								
FEES: Building Fee _____ Zoning Fee _____ WI Seal _____ Plumbing Fee _____ Electric Fee _____ HVAC Fee _____ Other Fee _____ TOTAL _____		PERMIT(S) ISSUED Bldg. # At top of form Zoning # _____ Plmb. # _____ Elec. # _____ HVAC # _____		Municipality Number of Dwelling Location: 5 1 - 2 0 6 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border: 1px solid black; text-align: center;"> WIS. UNIFORM PERMIT SEAL NO. </td> <td style="width:70%; border: 1px solid black; text-align: center;"> PERMIT ISSUED BY MUNICIPAL AGENT: </td> </tr> <tr> <td style="border: 1px solid black; height: 80px;"></td> <td style="border: 1px solid black; vertical-align: top;"> Name _____ Date _____ Certification No. _____ </td> </tr> </table>		WIS. UNIFORM PERMIT SEAL NO.	PERMIT ISSUED BY MUNICIPAL AGENT:		Name _____ Date _____ Certification No. _____																	
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